

MINUTES
BOARD FOR LICENSING HEALTH CARE FACILITIES
February 1, 2006

The Board for Licensing Health Care Facilities was called to order by Dr. Larry Arnold on February 1, 2006, commencing at 9:00 a.m.

Ms. Gammon called the roll to establish a quorum.

Dr. Larry Arnold, Chairman

Dr. James T. Galyon, Chairman Pro Tem

Dr. Duane Budd

Ms. Charlotte Burns

Ms. Elizabeth Chadwell

Mr. Alex Gaddy

Mr. Robert Gordon

Mr. C. Luke Gregory

Mr. Jim Hastings

Ms. Charlsie Lankford

Ms. Carissa Lynch

Ms. Annette Marlar

Ms. Nancy Peace

Dr. Joe T. Walker

Mr. James Weatherington

Dr. Jon Winter

Members not present:

Dr. Douglas Leahy

Dr. Ronald Staples

Mr. Carlyle Walton

Present and representing the Office of General Counsel:

Ms. Lucy Bond

Also present:

Ms. Katy Gammon, Director, Health Care Facilities

Ms. Wanda Hines, Board Administrator

Ms. Faye Vance, East TN Regional Administrator

Ms. Jan Priddy, West TN Regional Supervisor

Ms. Nina Monroe, Middle TN Regional Administrator

Mr. Bill Harmon, Director of Engineering

A quorum was established by roll call vote.

Ms. Gammon introduced new board member Ms. Charlsie Lankford and the new representative for the Office of General Counsel Lucille F. Bond, Attorney. Ms. Charlsie Lankford replaces Geraldine Smelcer as the Consumer Representative and Lucy Bond replacing Richard Russell as Attorney for the Office of General Counsel.

APPROVAL OF MINUTES

The first order of business was approval of the November 2, 2005 minutes.

Motion was made by Dr. Galyon, seconded by Dr. Budd to approve the minutes as written.

Motion carried.

REPORTS TO THE BOARD

Department Report

Setting Licensure Fees

Ms. Lisa Tittle, Director of Administrative Services spoke before the board regarding Public Chapter 397 from the legislative session of 2005. Public Chapter 397 basically transfers the fee authority from statute to rule. The board's fees had been set out in the law and it became difficult to get adjustments made. We asked that it be set in rule and was successful in getting it passed through legislature last year. Public Chapter 907 of 2000 was the last fee change that took place in the statute. Not only we adjust the fee structure but the legislature put some language in the statute that required this board's self-sufficiency. The revenue collections should be enough to pay for the expenditures associated with the Board and its related licensure activity. Several attempts were made to get fees adjusted through legislative process and were not successful then the comptroller office would perform an audit and state that we were not meeting the law. So in 2005 we asked to carry forward a bill that would give us the authority to set our fees through rule or at least removes us from under this requirement to be self-sufficient. We were fortunate to get that bill passed through the General Assembly. Due to the passage of this chapter the Board for Licensing Health Care Facilities, can now set fees in rule to pay for the cost of doing business. Ms. Tittle presented to the board members a packet which shows the board's closing status for fiscal year 2005. The \$640,000 deficit is certainly higher than what we had built the proposed fee structure on during the legislative process last year. Ms. Tittle presented several attachments concerning the expenditures. Since this Board is required to be self-sufficient and the rules allow the Board to set fees, Ms. Tittle requests to meet with the Board twice a year to discuss expenses at that point in time. Ms. Tittle stressed to the Board that with these changes we can see how the 2006 fiscal year closes. The Board does have an opportunity now to adjust fees as the expenditures drive them. Several board members addressed questions to Ms. Tittle regarding the fee increases and raising the percentage increase on an average of 28 to 31 percent for this year. Ms. Tittle expressed that they will revisit this matter each year in order to have a balanced budget.

Motion was made by Mr. Gregory, and seconded by Mr. Weatherington to:

**SEND THIS PROPOSAL OF 28 TO 31 PERCENT FOR THIS FISCAL YEAR
THAT WOULD BE A BASELINE FEE OF \$1100 TO RULEMAKING.**

Motion carried by voice vote.

Quarterly Report Update

Thornton Residential Home for the Aged

Wilma James, Attorney from the Office of General Counsel spoke to the Board regarding the Thornton Residential Home for the Aged facility. Ms. James informed the Board that Thornton has, in fact, closed their doors and Ms. James requested by way of information a brief update and status from the administration and staff. Ms. Nina Monroe, Regional Administrator, Middle TN Regional Office informed the Board that Thornton Residential Home for the Aged is closed. All of the residents, from reports they have received, have been relocated to nursing homes, assisted care living facilities or home with their families. Ms. Katy Gammon, Director, Health Care Facilities stated that Thornton's submitted a letter advising they would voluntarily close, therefore their license is void based on that letter.

Sun Valley Residential Home for the Aged

Wilma James, Attorney from the Office of General Counsel reported to the Board that Sun Valley Residential Home was placed on probation with the request to appear before this board on a quarterly basis for purposes of reporting as well as monitoring. The staff has in fact set up a monitoring system for this facility. Mr. Dwight Mitchell, Owner and Ms. Regina Mitchell, Administrator was present to give their report. Mr. Mitchell stated that they have hired extra staff. They have complied with everything that the monitor has asked them to do. Mr. Mitchell stated they have gotten extra funds for the meals and they are monitoring the meals to show that they are doing the things that the monitor asked them to do. The Mitchell's expressed that they are trying to work as humbly as they know how. They have also done some repairs to the facility including painting and fixing up some of the places that the monitor asked them to do.

Nina Monroe, Regional Administrator, Middle TN Regional Office presented to the Board along with Ms. Leslie McDonald and Mr. Bill Wiggins who are administrative surveyors who have conducted follow-up visits with the facility and Ms. Ramona Roth, who was assigned the duties of being the monitor for Sun Valley Residential Home for the Aged. Ms. Monroe stated that Mr. Jim Chandler, Fire Safety Surveyor, revisited for fire safety issues and found the facility in compliance with all fire safety deficiencies. Ms. Monroe stated the visit conducted by Ms. McDonald and Mr. Wiggins found 16 deficiencies. Ms. Monroe turned it over to Mr. Wiggins to report to the board.

Mr. Wiggins stated to the board that Sun Valley Residential Home for the Aged is licensed for 15 residents but at his visit they had counted 16 residents there. One deficiency was cited regarding exceeding the licensed bed limit. The facility had hired a new employee. Mr. Wiggins stated they had asked to review Sun Valley's personnel records. No personnel files were found and a deficiency was cited. Several other deficiencies were found such as the cooking range and

hood had heavy accumulation of grease and grime. The kitchen windows were extremely dirty because of grease buildup. Insects were still a problem. There were several carcasses of dead roaches in several roach traps. Also the most recent surveys and fire safety inspections to be posted in the facility and accessible for the surveyors and for the general public were not available.

Ms. McDonald presented to the Board some of the deficiencies she witnessed such as no documentation of current flu or pneumonia shots. There were several deficiencies pertaining to resident's records. After reviewing the records 14 out of 16 residents in the facility did not have documentation of medications being administered to the residents or they were assisted with medications for the month of December. Ms. McDonald completed her oral report to the Board.

Ms. Ramona Roth presented to the Board her report. Ms. Roth's monitoring was initiated on November 21, 2005 with a basic tour of the facility noting any kind of conditions that the facility needed to address. All findings were presented to the representative of the facility. On subsequent visits it was continued to be monitored to see if they had corrected them and they did correct the findings Ms. Roth had in late November. The facility formed a committee to come up with weekly menus and order the food according to the menu. The facility didn't necessarily follow the menu, but they used the food that was there. Ms. Roth also noted the facility had 16 residents in the facility. One of the residents was the primary cook for the facility, observed cooking breakfast, lunch and dinner but not necessarily the same day but whenever Ms. Roth was there during that time. Sanitation continues to be an issue until the last visit. The facility did do some major cleaning in the kitchen, replaced the refrigerator, and replaced the stove. After Ms. Roth's report; the Board had concerns about the deficiencies and have ask the monitor to continue and report at the next board meeting.

DISCUSSION

Contested Case Hearing-Whitehaven ACLF

Lucy Bond, Attorney for the Office of General Counsel presented the contested case to the Board. The contested case hearing with Whitehaven ACLF, is regarding appealing a fine or a civil penalty that was assessed against them on a life safety issue. Ms. Turner, Administrator of Whitehaven withdrew the appeal and is going to pay the fine. Ms. Turner has signed an Agreed Order and our office will be forwarding this Agreed Order to the APD division.

REGULATIONS

BOARD APPROVAL TO GO TO RULEMAKING HEARING

Behavioral Health Units in Nursing Facilities (1200-8-5) -Repeal

Trauma Centers (1200-8-12) – Amendments

Standards for Pediatric Emergency Care Facilities (1200-8-30) – Amendments

Residential Home for Aged Quality Enabling Program (1200-8-7) – Amendments

Motion was made by Dr. Galyon, seconded by Dr. Winter to:

SEND THE BEHAVIORAL HEALTH UNITS IN NURSING FACILITIES, TRAUMA CENTERS, STANDARDS FOR PEDIATRIC EMERGENCY CARE FACILITIES AND RESIDENTIAL HOME FOR AGED QUALITY ENABLING PROGRAM RULES FOR RULEMAKING HEARING.

Motion carried by voice vote.

APPROVAL FOR FINAL FILING

Advance Directive Amendments

- 1200-8-1 Standards for Hospitals**
- 1200-8-2 Standards for Prescribed Child Care Centers**
- 1200-8-6 Standards for Nursing Homes**
- 1200-8-10 Standards for Ambulatory Surgical Treatment Centers**
- 1200-8-11 Standards for Homes for the Aged**
- 1200-8-15 Standards for Residential Hospices**
- 1200-8-17 Alcohol and Other Drugs of Abuse Residential Rehabilitation Treatment Facilities**
- 1200-8-22 Alcohol and Other Drugs of Abuse Halfway House Treatment Facilities**
- 1200-8-23 Alcohol and Other Drugs of Abuse Residential Detoxification Treatment Facilities**
- 1200-8-24 Standards for Birthing Centers**
- 1200-8-25 Standards for Assisted-Care Living Facilities**
- 1200-8-26 Standards for Home Care Organizations Providing Home Health Services**
- 1200-8-27 Standards for Home Care Organizations Providing Hospice Services**
- 1200-8-28 Standards for HIV Supportive Living Facilities**
- 1200-8-32 Standards for End Stage Renal Dialysis Clinics**
- 1200-8-34 Standards for Home Care Organizations Providing Professional Support Services**

Advance Directive amendments to remove and add language to the rules to be consistent to the statute and to become a mandated form.

Motion was made by Dr. Walker, seconded by Mr. Gaddy to:

SEND THE STANDARDS FOR HOSPITALS, STANDARD FOR PRESCRIBED CHILD CARE CENTERS, STANDARDS FOR NURSING HOMES, STANDARDS FOR AMBULATORY SURGICAL TREATMENT CENTERS, STANDARDS FOR HOMES FOR THE AGED, STANDARDS FOR RESIDENTIAL HOSPICES, ALCOHOL AND OTHER DRUGS OF ABUSE RESIDENTIAL REHABILITATION TREATMENT FACILITIES, ALCOHOL AND OTHER DRUGS OF ABUSE HALFWAY HOUSE TREATMENT FACILITIES, ALCOHOL AND OTHER DRUGS OF ABUSE RESIDENTIAL DETOXIFICATION TREATMENT FACILITIES, STANDARDS FOR BIRTHING CENTERS, STANDARDS FOR ASSISTED-CARE LIVING FACILITIES, STANDARDS FOR HOME CARE ORGANIZATIONS PROVIDING HOME

HEALTH SERVICES, STANDARDS FOR HOME CARE ORGANIZATIONS PROVIDING HOSPICE SERVICES, STANDARDS FOR HIV SUPPORTIVE LIVING FACILITIES, STANDARDS FOR END STAGE RENAL DIALYSIS CLINICS AND STANDARDS FOR HOME CARE ORGANIZATIONS PROVIDING PROFESSIONAL SUPPORT SERVICES FOR FINAL FILING.

Motion carried by roll call vote for each set of rules.

Amendments

- 1. Hospital (1200-8-1)**
 - a. Admissions, Discharges and Transfers-allows hospice to lease space from hospitals for hospice patient care (PC0056);
 - b. Records and Reports-SB0361-extends # days for hospital JAR filing, CEO and CFO signatures (PC0023);
 - c. Basic Services-revises surgical tech waiver to 9 months and requires evidence of continued competence (PC0159);
 - d. Building Standards-requires keyed lock boxes for elevators in HCFs (PC404);
 - e. Optional Services-changes requirements of advance directive and organ donation forms to be completed prior to surgery to “when applicable”.
- 2. Nursing Home (1200-8-6)**
 - a. Building Standards-requires keyed lock boxes for elevators in HCFs (PC404)
 - b. Administration-requires LTC facilities to maintain adequate liability insurance and to dispose prior to admission (PC184)
- 3. Home Care Organizations -Home Health, Hospice, Home Medical Equipment (1200-8-26, 1200-8-27, 1200-8-29)**
 - a. Hospice-Admissions, Discharges and Transfers-add allowance for hospice to lease hospital space under their license for hospice inpatient care (PC0056);
 - b. Medical Records-Home Health, Hospice and HME-allow them to receive electronically mailed physician’s care orders (PC0231);
 - c. Residential Hospice-Building Standards-requires keyed lock boxes for elevators in HCFs (PC404)
- 4. Assisted Care Living Facilities (ACLF 1200-8-25)**
 - a. Administration-allows RN to pronounce death when anticipated and MD agrees to sign death certification (PC0222)
 - b. Building Standards-requires keyed lock boxes for elevators in HCFs (PC404)
 - c. Administration-requires LTC facilities to maintain adequate liability insurance and to disclose prior to admission (PC0184)
 - d. Licensing-Deletion of informal dispute resolution process-administrative cleanup of regulations-this is a process used for federal citations.

5. **Residential Homes for the Aged (1200-8-11)**
 - a. Administration-requires LTC facilities to maintain adequate liability insurance and to disclose prior to admission (PC0184)
 - b. Definitions-RHA changes from 1 to 3 (less than 4 residents) for licensure requirements (PC0158);
 - c. Building Standards-emergency keyed lock box next to elevators (PC404)
6. **A&D Regulations (exempts RTF, NRM TF) (1200-8-18, 1200-8-19, 1200-8-20)**
 - a. Administration and Definitions-allows multiple sites under same ownership to operate as a branch office if within 100 miles of parent office and has sufficient administrative oversight by parent office (PC0176)
7. **Ambulatory Surgical Treatment Facilities (ASTC)(1200-8-10)**
 - a. Surgical Services-Surgical Technologists' competency requirements;
 - b. Building Standards-requirement of emergency keyed lock box next to elevators (PC404)
8. **Outpatient Diagnostic Centers (1200-8-35)**
 - a. Definitions-sets definition for ODC (PC383)
9. **Residential HIV Supportive Living (1200-8-28)**
 - a. Building Standards-requirement of emergency keyed lock box next to elevators. (PC404)

Motion was made by Dr. Walker, seconded by Mr. Gordon to:

SEND THE VARIOUS RECOMMENDATIONS FOR HOSPITALS, NURSING HOMES, HOME CARE ORGANIZATIONS, ASSISTED CARE LIVING FACILITIES, RESIDENTIAL HOMES FOR THE AGED, A&D REGULATIONS (EXEMPT RTF, NRM TF), AMBULATORY SURGICAL TREATMENT FACILITIES, OUTPATIENT DIAGNOSTIC CENTERS AND RESIDENTIAL HIV SUPPORTIVE LIVING RULES FOR FINAL FILING.

Motion carried by voice vote.

WAIVER REQUESTS

Ms. Gammon gave a brief summary of each of the following waiver requests:

BRADLEY MEMORIAL HOSPITAL, CLEVELAND

This facility is requesting to discontinue its Level 3 Trauma Designation.

Jim Coleman, CEO of Bradley Memorial Hospital stated to the Board that when the facility changed ownership they found that they were out of compliance with the standards for maintaining a Level 3 trauma designation. The hospital at this time is unable to find a general surgeon who would serve as the key designated trauma surgeon. Mr. Coleman wanted to inform

the Board that they wish to drop that status until they can find a surgeon that's willing to take up the task.

Motion was made by Dr. Galyon, and seconded by Mr. Gordon to:

DISCONTINUE BRADLEY MEMORIAL HOSPITAL LEVEL 3 TRAUMA CENTER DESIGNATION.

Motion carried by voice vote.

ASBURY PLACE AT JOHNSON CITY, JOHNSON CITY

This facility is requesting a waiver to place 84 of the 168 licensed beds in abeyance, pending construction of a replacement facility for those beds. Asbury Place has received a CON for the replacement facility. The replacement facility is expected to be ready for occupancy in approximately 12 to 18 months.

Motion was made by Dr. Budd, and seconded by Dr. Walker to:

GRANT AN EIGHTEEN (18) MONTHS WAIVER EXTENSION TO ALLOW THE FACILITY TO PLACE 84 LICENSED BEDS IN ABEYANCE PENDING CONSTRUCTION OF A REPLACEMENT FACILITY.

Motion carried by voice vote.

PATHWAYS OF TENNESSEE, JACKSON AND JACKSON-MADISON COUNTY GENERAL HOSPITAL, JACKSON-SATELLITE REQUEST

Pathways of Tennessee, is a 25-bed mental health hospital located in Jackson, TN is seeking a waiver to become a satellite of Jackson-Madison County General Hospital, a 612 bed hospital in Jackson, TN.

Dr. Winter recused himself from the discussion and vote. Pathways of Tennessee is already located on the campus of Jackson-Madison Hospital and it's already under control of the same organization. Pathways of Tennessee will be surrendering their mental health license.

Motion was made by Dr. Galyon, seconded by Ms. Chadwell to:

ALLOW PATHWAYS OF TENNESSEE TO BECOME A SATELLITE OF JACKSON-MADISON COUNTY GENERAL HOSPITAL.

Motion carried by voice vote.

JACKSON-MADISON COUNTY GENERAL HOSPITAL, JACKSON

This 612-bed hospital is seeking a waiver to allow the use of West Tennessee Transitional Care Facility surplus bed capacity for the sleep lab on a temporary basis. Jackson-Madison County General Hospital has a CON for construction/renovation project and their sleep lab space will be

unavailable until the project is completed. West Tennessee Transitional Care Facility is an 85 bed skilled nursing facility and they only average a census of 50.

Jackson-Madison County General Hospital has a Certificate of Need for a major project on campus. This project will result in a significant amount of temporary dislocation and rearranging of services. The sleep lab in the main hospital needs to be relocated until the construction project is completed. The request is to allow temporary relocation of the sleep lab in the West Tennessee Transitional Care Facility located on the same campus, separate building.

Motion was made by Dr. Galyon, seconded by Dr. Budd to:

ALLOW AN EIGHTEEN (18) MONTHS EXTENSION TO JACKSON-MADISON COUNTY GENERAL HOSPITAL TO PLACE FIFTEEN (15) BEDS IN ABEYANCE; ALSO ALLOW USE OF WEST TENNESSEE TRANSITIONAL CARE FACILITY LICENSED BEDS FOR THEIR SLEEP LAB ON A TEMPORARY BASIS UNTIL THE CONSTRUCTION PROJECT IS COMPLETE.

Motion carried by voice vote.

MAGNOLIA CROSSING (FORMERLY APPALACHIAN CHRISTIAN VILLAGE (ACLF), JOHNSON CITY

This twenty (20) bed assisted-care living facility is requesting a waiver to allow special locking devices for doors of residents' rooms. This would be an exception to NFPA 101-7-.2.1.6.

Mr. Tom Sexton, CEO of Appalachian Christian Village presented to the Board their request. Mr. Sexton explained that they are asking for a waiver for special locking devices for the exit doors of the facility not the residents' doors. Mr. Sexton is asking to deviate from the current code and regulations for the safety of their residents and the security of their families. Magnolia Crossing wants to invest in the new locking technology that goes beyond the current codes. The main locks are installed on the doors that lead outside of the facility. A cognitively challenged person wears a bracelet with a transporter. When they approach a zone the devices lock the doors down. An audible alarm goes off to alert the staff that someone has approached this zone. This facility wants to use this technology simply for the safety of the residents that wander.

Mr. Bill Harmon, Director of Engineering stated to the Board that the codes only allow a delayed egress for residential occupancy. The hardware that the facility submitted is not recognized to meet that code. NFPA code does not recognize the hardware that they are proposing. Ms Gammon also stressed that restraints are not allowed in residential home only in long-term care.

Motion was made by Dr. Walker, seconded by Mr. Hastings to:

DENY THE REQUEST FOR SPECIAL LOCKING DEVICES ON DOORS SERVING THE FACILITY FOR RESIDENTS' ACCESS.

Motion carried by voice vote.

AMERICARE HEALTH CENTER OF MEMPHIS, LLC, MEMPHIS

This two hundred-thirty seven (237) bed nursing home is requesting a waiver of the requirement for a licensed nursing home administrator until a replacement can be found. Michael E. Hampton, Chief Executive Officer has assumed temporary responsibility with the assistance of the director of nursing for administration of the facility.

Chris Puri, Attorney representing AmeriCare stated that the previous administrator resigned unexpectedly and the facility is requesting a 60 day waiver to allow them to hire an administrator. Mr. Mike Hampton, CEO of the facility and the Director of Nursing, Ms. Lillie Croft will be responsible for the administration of the facility during this period.

Motion was made by Dr. Walker, and seconded by Dr. Galyon to:

A SIXTY (60) DAY WAIVER WAS GRANTED TO ALLOW THE FACILITY TO OPERATE WITHOUT A LICENSED NURSING HOME ADMINISTRATOR UNTIL AN ADMINISTRATOR CAN BE HIRED.

Motion carried by voice vote.

BAPTIST HOSPITAL OF EAST TN TRANSITIONAL CARE, KNOXVILLE

Brue Chandler, Administrator of Baptist Hospital of East Tennessee is requesting a waiver of the requirement for a licensed nursing home administrator for this twenty (20) bed hospital-based skilled nursing facility until an administrator is hired. The facility is seeking to hire Ms. Jennifer Hanson who currently holds a license in Michigan. Mr. Chandler is serving as acting administrator until Ms. Hanson receives her license in Tennessee.

Motion was made by Dr. Galyon, and seconded by Dr. Winter to:

A NINETY (90) DAY WAIVER WAS GRANTED TO ALLOW THE FACILITY TO OPERATE WITHOUT A LICENSED NURSING HOME ADMINISTRATOR UNTIL AN ADMINISTRATOR CAN BE HIRED.

Motion carried by voice vote.

CEDAR HILLS RETIREMENT CENTER, COOKEVILLE

This fifty (50) bed assisted-care living facility is requesting a two (2) year extension waiver on placing sprinklers in their front canopy. This extension request is due to their planned expansion project that is due to begin this spring.

Gary Keckley, Member Manager for Cedar Hills and Owner express to the Board that their facility was built in 1998 and the canopy where the cars park and drop off people wasn't sprinklered. They are adding about 40 units to this facility, reengineering the sprinkler system in the process and will do some renovation on the back end of the expansion. Mr. Keckley stated this is the reason for requesting a two (2) year waiver.

Motion was made by Mr. Gregory, seconded by Mr. Weatherington to:

A TWO (2) YEAR EXTENSION WAS GRANTED TO ALLOW CEDAR HILLS RETIREMENT CENTER TO COMPLETE THE INSTALLATION OF THE SPRINKLER SYSTEM INCLUDING THE CANOPY AREAS.

Motion carried by voice vote.

ALLIANCE PRIVATE DUTY AND HOME CARE, MEMPHIS

Alliance Private Duty and Home Care are requesting a waiver to place their license in an inactive status. They closed their operations on December 31, 2005 and are seeking inactive status pending reorganization.

Mr. Gregory recused himself from the discussion and vote. Jerry Taylor representing Alliance stated they are in need of complete reorganization to make them more efficient and an effective agency. In order for Alliance to work diligently towards this reorganization they are requesting a 12-month waiver to place their license on inactive status.

Motion was made by Mr. Galyon, seconded by Dr. Budd to:

A TWELVE (12) MONTH EXTENSION WAS GRANTED TO PLACE THEIR LICENSE ON INACTIVE STATUS.

Motion carried by voice vote.

CONSENT CALENDAR

Motion was made by Dr. Galyon and seconded by Ms. Chadwell to:

APPROVE WAIVER REQUESTS ON THE CONSENT CALENDAR.

Motion carried by voice vote.

THE FOLLOWING FACILITY WAS GRANTED A WAIVER TO PROVIDE ADULT DAY CARE SERVICES IN ACCORDANCE WITH BOARD POLICY #32-A:

Holly Street Family Care Home, Nashville

With all business concluded, Dr. Arnold adjourned the meeting.

Respectfully submitted,

James T. Galyon, M.D.